

United States District Court

for the

Eastern District of Washington

FILED IN THE  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON

JUN 01 2005

JAMES R. LARSEN, CLERK  
DEPUTY  
SPOKANE, WASHINGTON

**Request for Modifying the Conditions or Term of Supervision  
with Consent of the Offender**

*(Probation Form 49, Waiver of Hearing is Attached)*

iName of Offender: Denise Bishop

Case Number 2:99CR00175-001

Name of Sentencing Judicial Officer: The Honorable Robert H. Whaley, U.S. District Judge

Date of Original Sentence: October 16, 2000

Original Offense: Distribution of Cocaine Base; Possession with Intent to Distribute Cocaine Base; Felon in Possession of a Firearm

Original Sentence: 63 months imprisonment; 4 years supervised release

Type of Supervision: Supervised Release

Date Supervision Commenced: May 21, 2005

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**PETITIONING THE COURT**

- ☐ To extend the term of supervision for years, for a total term of years.  
☒ To modify the conditions of supervision as follows:

**Special Condition #18:** You shall abstain from the use of illegal controlled substances, and shall submit to urinalysis testing as directed by the supervising probation officer.

**Special Condition #19:** You shall complete a mental health evaluation and follow any treatment recommendation, including taking prescribed medications, as recommended by the treatment provider. You shall allow reciprocal release of information between the supervising probation officer and treatment provider. You shall contribute to the cost of treatment according to your ability.

**CAUSE**

On May 23, 2005, Ms. Bishop reported to the U.S. Probation Office following her release from serving the original sentence. Ms. Bishop indicated that while she was incarcerated in the Bureau of Prisons, she underwent surgery. Ms. Bishop indicated she believes this surgery was not necessary. As a result of this surgery, Ms. Bishop reports experiencing emotional trauma. Based upon these factors, the probation office believes psychotherapy will positively impact her compliance with supervision.

Additionally, Ms. Bishop has a history of substance abuse and would benefit from regular urinalysis testing.

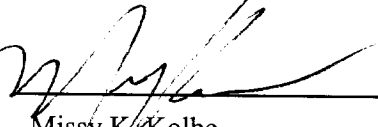
Ms. Bishop has agreed to these modifications and she has signed the attached waiver.

Name of Offender: Denise Bishop

Case Number 2:99CR00175-001

Respectfully submitted,

by

  
Missy K. Kolbe

U.S. Probation Officer

Date: May 25, 2005

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THE COURT ORDERS:

- ☐ No Action
- ☐ The Extension of Supervision as Noted Above
- ☒ The Modification of Conditions as Noted Above
- ☐ Other

  
Signature of Judicial Officer

Date: 5/31/05

# United States District Court

EasternDistrictWashington

## Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

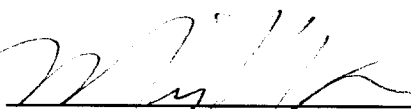
I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

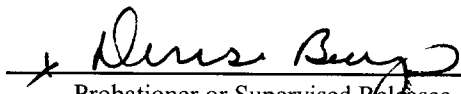
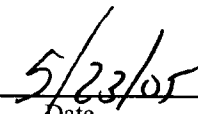
**Special Condition #18:** You shall abstain from the use of illegal controlled substances, and shall submit to urinalysis testing, as directed by the supervising probation officer.

**Special Condition #19:** You shall complete a mental health evaluation and follow any treatment recommendations, including taking prescribed medications, as recommended by the treatment provider. You shall allow reciprocal release of information between the supervising probation officer and treatment provider. You shall contribute to the cost of treatment according to your ability.

Witness

  
\_\_\_\_\_  
U.S. Probation Officer

Signed

  
\_\_\_\_\_  
Probationer or Supervised Releasee  
\_\_\_\_\_  
Date